Sub.nit 5 Copins
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

I.

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					<u> </u>		Well	API No.			
Dwight A. Tipton	<u></u>							30-02	5-011	57	
Address						•					
c/o Oil Reports & Gas	Service	s, Ind	c., Bo	ox 755					·· /2.70· ·		
Reason(s) for Filing (Check proper box) New Well		Character :-	т	E		net (Please expe	•				
Recompletion	Oil	Change in	Dry Gar		WAR	REN advi	sea met	er disco	nnected		
Change in Operator	Casinghea	d Gas [ ]			8/3	1/87					
If change of operator give name	Calanghor	- Cus	CONSCI	<u> </u>		<u></u> .					
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA	ASE									
Lease Name	Well No. Pool Name, Includi							ind of Lease		ease No.	
State "R"	3 Saunders				Permo U/Penn State			Pedelal or Nee B-9641			
Location											
Unit LetterB	_ :6	60	Feet Fro	om The No	orth Lin	e and19	80 F	et From The	East	Line	
Section 27 Townshi	p 14s		Range	3 :	BE,N	мрм,		Lea		County	
III. DESIGNATION OF TRAN	SPARTE	P OF O	II ANI	NATI	DAI GAS						
Name of Authorized Transporter of Oil		or Conden		TIATO		e address to w	hich approved	copy of this fo	orm is to be se	ent)	
Amoco Pipeline Co.						Address (Give address to which approved copy of this form is to be sent)  P.O. Box 702068, Tulsa, OK 74170-2068					
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)											
										, i	
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	Is gas actuall	•	When	When ?			
give location of tanks.	K	1 = 1 = 10   001			NO						
If this production is commingled with that:  IV. COMPLETION DATA	from any othe	er lease or	pool, give	comming	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	l	<u> </u>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe						
	er:	UDBIC	CACD	C AND		VO RECOR					
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE											
HOLE SIZE	OASING & TODING SIZE			DEPTH SET			SACKS CEMENT				
						·					
		•		<del></del>				1			
V. TEST DATA AND REQUES											
OIL WELL (Test must be after re			of load oi	l and must					or full 24 hour	·s.)	
Date First New Oil Run To Tank	Date of Test	i.			Producing Me	thod (Flow, pu	mp, gas lift, e	(c.)			
Length of Test	Tubing Pressure				Casing Pressu	TP.		Choke Size	Choke Size		
zougur or Tou	Tuoing Fressure				C=5.11g 1 1000C						
tual Prod. During Test Oil - Bbls.					Water - Bbls.	* * * * * * * * * * * * * * * * * * * *		Gas- MCF			
GAS WELL	*							<del> </del>			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condens	sate/MMCF		Gravity of Condensate			
	, i										
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
III opposition	L							L			
VI. OPERATOR CERTIFICA				CE	ے ا	DIL CON	SERVA	TION F	אופוט	NI.	
I hereby certify that the rules and regulations of the Oil Conservation						JIL OON	OLITOR	TIONE		14	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					D-1-	<b>A</b>					
					Date Approved						
Lilonna Hole											
Signature					By						
Donna Holler     Agent       Printed Name     Title					Title						
Timed Manie	505	-393 <b>-</b> 2	2727		Title						
Date			hone No.	,	-						
					i .						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

\*\*CORRECTION\*\*

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 317-1125-01157 DWIGHT A. TIPTON Address 88260 P.O. Box 1597, Lovington, NM Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of:

Dry Gas New Well Oil Recompletion Condensate Change in Operator If change of operator give name and address of previous operator MWJ Producing Company, 400 W. Illinois, Ste. 1100, II. DESCRIPTION OF WELL AND LEASE 79701 Kind of LeaseState State, Federal or Fee Well No. Pool Name, Including Formation COPPICE Lease No. Lease Name Saunders Permo Penn State "R" B-9641 3 Location \_\_ Feet From The \_\_East\_Line and \_\_660 1980 North \_\_ Feet From The \_\_ Unit Letter \_\_ Township 14-South Range 33-East , NMPM, Lea Section 27 County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate P.O. Box 702068, Tulsa, OK 74170 Amoco Pipeline Co. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas  $\mathbf{X}$ or Dry Gas Warren Petroleum Company P.O. Box 1589, Tulsa, OK 74102 When? If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? give location of tanks. 27 |14S| 33E 03/26/59 1 B Yes If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded PRTD Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved \_\_\_\_\_\_ Signature ( Sabra Fury Operations Assistant Title Printed Name Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

November 25, 1991

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

(915)682-5216

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.